

# **Agenda: Equitable Health Care Task Force**

Date: 03/28/2024

## **Opening and welcome, 1:00 – 1:10 p.m.**

Overview of meeting agenda and objectives.

## **Other relevant work, 1:10 – 1:45 p.m.**

Minnesota Department of Health, Minnesota Department of Human Services, Agency for Healthcare Research and Quality.

## **Foundational groundwork, 1:45 – 2:15 p.m.**

We will develop a vision statement and discuss our definition of “health care equity” to guide our work.

## **Break, 2:15 – 2:25 p.m.**

## **Overview of roadmap and topics, 2:25 – 2:45 p.m.**

Overview of proposed roadmap and health care equity topics and subtopics identified by task force.

## **Workgroup discussions, 2:45 – 3:40 p.m.**

We will prioritize key areas of exploration and identify other interested parties to engage with.

## **Public comment, 3:40 – 3:50 p.m.**

We will review public comments received in-between meetings.

## **Closing, action items, and preview of April meeting, 3:50 – 4:00 p.m.**

We will recap the meeting and share upcoming next steps.

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## A G E N D A

03/27/24

*To obtain this information in a different format, call: 651-201-4520*



# Equitable Health Care Task Force Meeting #3

March 28, 2024



Hush Naidoo Jade Photography

# Opening and Welcome

Thank you  
for diving in!

- Defining health care equity
- Discussing priority areas in health care
- Pre- and post-meeting surveys
- Reading materials and preparing for meetings
- Your commitment to advance equitable health care

# Today's objectives

1. Learn about some aspects of MDH's health care equity work and gaps
2. Share what you would like to learn about DHS's health care equity work in preparation for the April meeting
3. Discuss grounding statements: vision and definition
4. Launch workgroups based on primary key health care equity content

# Today's agenda

- 1:00 – 1:10 p.m. Opening and welcome
- 1:10 – 1:45 p.m. Highlights of MDH's health care equity work; preparation for DHS
- 1:45 – 2:15 p.m. Task Force's foundational groundwork
- 2:15 – 2:25 p.m. Break
- 2:25 – 2:45 p.m. Overview of roadmap and topics
- 2:45 – 3:40 p.m. Workgroup discussions
- 3:40 – 3:50 p.m. Public comment
- 3:50 – 4:00 p.m. Closing and action items

# Grounding: Task force charge

## The task force will:

- **Identify inequities** experienced by Minnesotans in interacting with the health care system that originate from or can be attributed to their race, religion, culture, sexual orientation, gender identity, age and/or disability status.
- **Conduct community engagement** across multiple systems, sectors, and communities to identify barriers for these population groups that result in diminished standards of care and foregone care.
- **Identify promising practices** to improve experience of care and health outcomes for individuals in these population groups.
- **Make recommendations** for changes in health care system practices or health insurance regulations that would address identified issues.



# Milestone overview

## Phase 1: January – April 2024

### Project grounding and design

- Discern vision, priorities, objectives, and scope
- Design information collection plan—community and public engagement, expert panels, literature review and environmental scan

## Phase 2: May 2024 – March 2025

### Information collection, learning, and deliberation

- Implement information collection plan
- Launch subcommittees and work groups
- Synthesize learning—exploration towards recommendations

## Phase 3: April – June 2025

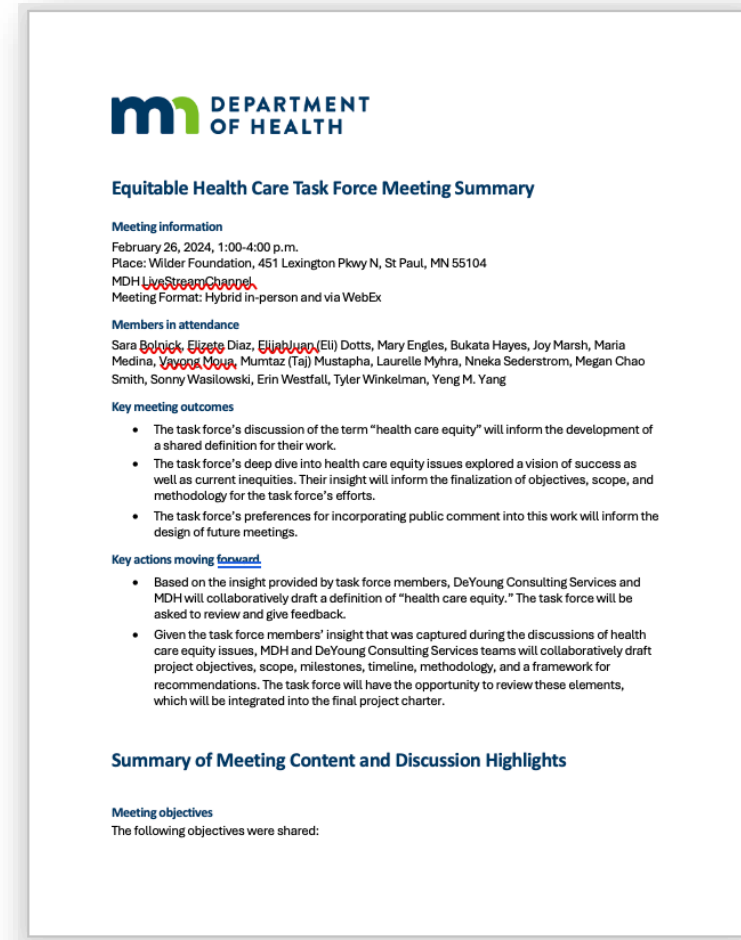
### Culmination and close-out

- Develop proposed recommendations and invite public comment
- Finalize recommendations
- Summarize task force's work and recommendations in a report

# Summary of February meeting

## High level summary of notes

- What clarification questions do you have about this summary, if any?
- What concerns do you have about this summary, if any?



# MDH Health Care Equity Highlights

# Insight from Commissioner Cunningham



**Brooke Cunningham, MD, PhD**  
**Minnesota Commissioner of Health**

# DHS and AHRQ report

1. What is most important to learn about in a first conversation with the **Minnesota Department of Human Services (DHS)** about their health care equity efforts?
2. Would you like a presentation on, “**Strategies to Address Racial and Ethnic Disparities in Health and HealthCare: An Evidence Map**”?
  - What questions do you have?

# Foundational Groundwork

# (DRAFT) Health care equity definition

Health care equity is achieved

**when** people who have historically been marginalized and socioeconomically disadvantaged **receive** the necessary resources and opportunities to access culturally congruent systems of care,

**resulting** not necessarily in equal care delivery but to achieve and sustain optimal health outcomes throughout their lives.

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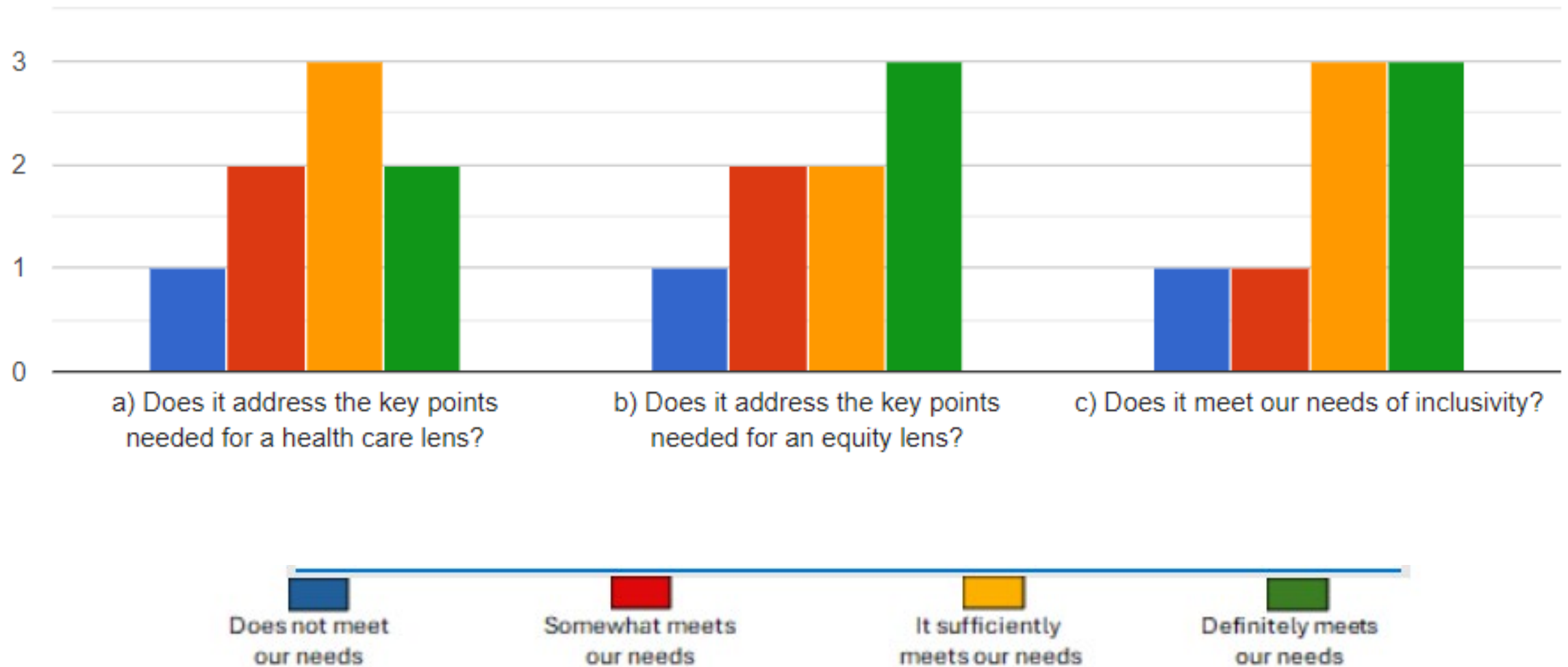
# (DRAFT) Definition continued

This requires the health care system to **actively acknowledge and address racism** as a threat to public health, and **the history and vestiges of unethical practices** in health care that **perpetuate inequitable** access, care, and health outcomes.

Through **partnering with communities**, both internally and externally, to imagine and achieve their **fullest health potential**, providers, insurers, leaders, and other personnel in the health care system **take responsibility** to actively work **to eliminate barriers** due to racism, social isolation or any other consequence of social position or socially influenced circumstances experienced by people regardless of race, ethnicity, age, disability, gender identity, sexual orientation, nationality, socioeconomic status, or geographical background.



# Draft health care equity definition survey results, N=8



Type one number into the chat:

- "1" = I have major concerns
- "2" = I can live with it
- "3" = I like it

Please put your name in the chat if you have additional feedback and would like to work with DeYoung!

# (DRAFT) Vision statement

The Equitable Health Care Task Force envisions a bold and long overdue future in which the health care system guarantees care that is high-quality, accessible and respectful of everyone's racial and cultural backgrounds, languages, locations, abilities, genders, sexual preferences, ages, and other intersecting identities. They envision health care organizations actively working against racism and other systems of oppression, and health care leaders who accept accountability for equitable outcomes.

In the pursuit of this vision, the Equitable Health Care Task Force intends to engage with entities that will be called upon to act on the set of measurable and actionable recommendations the task force creates.

# Break



# Overview of roadmap and topics

# Roadmap



Project grounding and design:  
Exploration and ideation

## January 2024

Meet on the 17<sup>th</sup>

Task force: Launched

## February

Meet on the 26<sup>th</sup>

Topics and priorities: Explored

## March

- Meet on the 28<sup>th</sup>
- Workgroups: Launched

## April

- Meet on the 25<sup>th</sup>
- Workgroups: Confirmed
- Workplans: Drafted
- Environmental scan: Defined
- Engagement plan: Drafted



Information collection,  
learning, and deliberation

## June

- Meet on the 26<sup>th</sup>
- Workplans: Finalized
- Engagement plan: Finalized

## August

- Meet on the 21<sup>st</sup>
- Environmental scan: Results

## October

- Meet on the 24<sup>th</sup>
- Identify prospective solutions

## December

- Meet on the 9<sup>th</sup>
- Solutions: Digging deeper

## February 2025

- Meet on the 12<sup>th</sup>
- Solutions and potential recommendations synthesized



Culmination and close-out:  
Recommendations

## April

- Meet on the 10<sup>th</sup>
- Recommendations and call to action: Initial draft

## May

- Meet on the 20<sup>th</sup>
- Recommendations and call to action: Public input

## June

- Meet on the 17<sup>th</sup>
- Recommendations and call to action: Finalized

\*Workgroups meet in-between task force meetings

## Task force meetings will:

- Incorporate a large group and small group format
- Have report-outs from workgroups
- Aim to have guest speakers relevant to topics of interest



## Workgroup meetings:

- Workgroups should meet in-between task force meetings and then discuss findings with large group

# Workgroup scope and responsibilities

Workgroups are responsible for exploring and identifying key gaps, barriers, opportunities, and recommendations within the purview of their workgroup topic

Additionally, members are responsible for:

- ✓ Discerning objectives, information needed, and key partners, experts, and interested parties (e.g., health care providers, patients, community groups, health care systems, etc.) who can provide additional insights and perspectives
- ✓ Developing a workplan, inclusive of milestones and tasks
- ✓ Providing updates to the task force, and inviting and incorporating feedback
- ✓ Creating short- and long-term recommendations to be shared with MDH and other parties responsible for taking action

Co-leads will steward workgroups and liaise with DeYoung and MDH

*Task force members may participate in more than one workgroup*



## **DeYoung Consulting Services and MDH will:**

- Schedule and facilitate meetings, prepare materials, write summaries
- Provide technical assistance, e.g., obtain needed information, assist with engagement efforts



# Workgroup Activation

# Today's workgroup objectives

- Review and dig deeper into the synthesized list of key topic areas from past three months of data gathering.
- Identify two co-leads for the workgroup.
  - They will be responsible for:
    - keeping the workgroup on track and moving forward,
    - serving as a point of contact for DeYoung Consulting Services and MDH, and
    - preparing workgroup updates for future task force meetings.



# Moving into workgroups

## Steps to take

1. Task force: Self-select which work group you would like to join

Indicate via chat

2. MDH: Build breakout sessions in real-time

3. Sessions will last 40 minutes

## POST breakout session

Task force: Report out via chat co-leads and any next steps identified prior to April meeting

Quality and  
access

- Angie

Delivery

- Xp

Financing

- Anna

Workforce

- Vanessa

# Questions to explore

## General review

- What is missing from this list that needs to be discussed?
- What do we already know?
- Which of these areas are of greatest need?

## Digging Deeper

- Who do you need to engage with?
- What do you need to know to ultimately identify short- and long- term solutions?

## Resources available today!

- Handout: Key Health Care Equity Issues
- DYCS or MDH moderator for facilitation support

# Ground rules

- **Limit distractions** such as the use of cell phones and side conversations where possible.
- **Listen actively** – respect others when they are talking.
- Speak from your **own experience or perspective** instead of generalizing (“I” instead of “they,” “we,” and “you”).
- Speak the truth **with kindness and respect** the truth in everyone else’s perspective and stories.
- This is an opportunity to **listen and to be heard**. Try not to be defensive or try to validate your position.

# Ground rules, continued

- **Participate to the fullest** of your ability – community growth depends on the inclusion of every individual voice. In this context, we are all equals. All perspectives are welcomed and valued.
- **Assume positive intent**, while also striving for positive impact.
- Practice **self-care** (e.g., step away if needed).
- **Avoid ascribing motives to behavior** – we can't know why people act the way they do.
- **Avoid absolutes and exaggerations**, such as always, never, etc.
- **Mistakes are good** and we will work them out

**THANK YOU** for your  
time and energy  
during the workgroup  
sessions!

## Next steps

Via CHAT box, please

- ☐ Indicate the two co-leads for your respective group
- ☐ What, if any, interim steps your group will take between now and April 25th meeting
- ☐ What, if any, resources/support is needed from DYCS/MDH teams





Volodymyr Hryshchenko

# Public Comment

# Comment #1

I have been watching the event online from the YouTube channel. I learned of the event from the MDH mailing list (by email) and did not receive a Webex invitation, so I cannot comment through Webex.

The following is my comment for the Group 1 question asked:

- When I think of health care equity, I think of similar costs for various populations.
- What concepts come to mind – for individuals with disabilities healthcare costs are based on higher need and therefore higher consumption (such as increased copays every time the doctor is visited).

The **current healthcare system**, unless if someone qualifies for Medicaid, **charges more for the medically fragile or disabled populations** than the healthy populations. In other words, the disabled or medically fragile are more likely to achieve their out-of-pocket maximum rather than healthy populations.

- ✓ **Innovations, such as capping co-pays, or other innovations that are possible in computer claims processing systems to make healthcare more equitable** for individuals with disabilities not yet on Medicare are my thoughts.
- ✓ I was thinking of **applying co-pay caps more as an example for individuals who receive coverage** through private plans, rather than through public plans.
- ✓ Considering **reducing MA-EPD premiums** would also benefit the population of individuals with disabilities. MA-EPD is MA for Employed Persons with Disabilities.

# Comment #2

Recommendation that people take a look at this, “The Patient Revolution”.

- It’s inclusive in that everyone is welcome Including Patients. It’s free and there a learning group (A cohort). And once finished, can be a “Fellow”.
- There’s a Minnesota connection too in that Dr Montori (Mayo Clinic) is a co-founder.
- Please consider collaborating with this group and please let people know about this resource.
- And Please remember for your efforts to work well Patients and family members Need to be fully included.
- Will you have subcommittees that include people from the public?
  - Including Older people and People with disabilities (the biggest equity group and often left out of equity efforts).

# Public comment discussion

- What stands out to you in these comments?
- What do you see in these comments, if anything, that should be considered for discussion in a future task force meeting?



Daniel Tanase

# Meeting Close

# Closing and action items

- Next meeting is April 25, 1:00 – 4:00 p.m.
- After the meeting, watch for:
  - Post-meeting evaluation and other follow up items
  - Meeting summary
- Announcement
  - Angie Koch's departure

# Thank You!

See you April 25, 2024!